



City of Leander Utilities

200 W. Willis St., P.O. Box 317 | Leander, TX 78646-317
Office (512) 259-1142 | Fax (512) 259-2665 | leanderutilities@leandertx.gov

UTILITY APPLICATION

As of Sept. 1, 1993 two laws were passed concerning utility customers:

1. A utility customer now has the right to request confidentiality of personal information. Personal information is defined as "an individual social security number, address or telephone number". Typically these things have been available routinely through an Open Records Request. Please fill out the form at the bottom of the page and return it to our office. This information will become confidential when you check the proper box. All other information on your account is still subject to the terms and conditions of the Open Records Act. Further, this information is still available to other utility suppliers, law enforcement agencies, government officials and consumer reporting agencies.
2. If you are a person who is 60 years of age or older and occupy the entire premises you will not be billed penalty for nonpayment of your utility account until the 25th day after which the bill is issued. If you wish to qualify for this provision, as passed by the Legislature, you must provide proof to the utility department (a copy of your driver's license).

On January 6, 2004 a city ordinance was passed to allow a 10% discount on water and wastewater services for senior citizens ages 65 and older or with SSI disability. If you qualify, you must provide valid proof.

If you have any questions regarding the above mentioned please contact us at 512-259-1142.

APPLICANT: _____

CO-APPLICANT: _____

SERVICE ADDRESS: _____

MAILING ADDRESS: _____

HOME & WORK PHONE: _____

CELL PHONE: _____ SOCIAL SECURITY#: _____

DRIVERS LICENSE#-STATE: _____ TAX ID _____

DATE OF SERVICE: _____ EMAIL ADDRESS: _____

_____ By marking this box I request that all personal information, as defined by House Bill 859, be kept confidential until I provide a written request otherwise.

_____ I am over 60 years of age and will bring proof to the City of Leander Utilities office within three business days. I understand that until I submit proof to the city I will not be granted the payment delay as described.

_____ I am receiving SSI disability and am 65 or over and have provided proof.

_____ Mark this if you wish to establish a **Land Lord Account** _____ **Hold Deposit**

NOTE: Land Lord accounts will not automatically resume or terminate service between tenants.

You must contact City of Leander Utilities directly.

****If the final balance on my account is less than \$5.00, it will not be automatically refunded to me.
I must contact City of Leander Utilities to request a refund****

CUSTOMER SIGNATURE _____ DATE _____

**THIS FORM MUST BE RETURNED TO CITY OF LEANDER UTILITIES WITH A COPY OF YOUR IDENTIFICATION, SIGNATURE
AND REQUIRED DEPOSIT. APPLICATIONS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION.**

******PLEASE NOTE - A DEPOSIT AND \$20 ACCOUNT INITIATION FEE IS REQUIRED ON ALL UTILITY ACCOUNTS******

******PAYMENT MAY BE MADE AT TIME OF SERVICE REQUEST OR ON THE FIRST BILL******